

JUL 07 2003

TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL

FROM: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES1. TRANSMITTAL NUMBER:
03-015

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)4. PROPOSED EFFECTIVE DATE
04-01-03

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1931 of the Social Security Act

7. FEDERAL BUDGET IMPACT: 23,195 adults were removed from 1931
coverage effective April 1, 2003

a. FFY 2003 (\$6,053,400)

b. FFY 2004 (\$29,350,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Supplement 12 Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Attachment 2.6-A, Supplement 12 page 3

10. SUBJECT OF AMENDMENT: Eligibility under 1931 of the Act

Connecticut 03-015
Approved: 08/22/03
Effective: 04/01/03

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Claudette Beaulieu

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
June 26, 2003

16. RETURN TO:

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Cuyler Massicotte

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/30/03 (fax copy)

18. DATE APPROVED: 8/22/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
4/1/03

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Bruce D. Greenstein

22. TITLE: Associate Regional Administrator,
DMCH

REMARKS:

STATE PLAN UNDER TITLE XIX IF THE SOCIAL SECURITY ACT

State: Connecticut

Dependent Child Earnings: Earned income of a dependent child who is a student, either part-time or full-time, is disregarded in determining eligibility.

Disregard of Awards: Financial awards received by a recipient for educational attendance, attaining certain grade levels, or attainment levels (e.g., increased reading level) is disregarded as income or as a resource in determining eligibility.

Gross Income Test: Eligibility is determined without regard to the 185 percent gross income test.

Earned Income Deductions: Deductions are allowed for employment expenses and day care costs. The amount allowed for employment expenses is \$90 per month per employed person. The amount allowed for day care is the amount obligated up to a maximum of \$200 for a child under age one and \$175 for all others needing day care. Day care is allowed as a deduction whether paid by the family or by a state agency.

Income Disregard: Otherwise countable Income between the CNIL and 100% of the federal poverty level is disregarded.

Increased Income Disregards: For families receiving benefits under section 1931, all earned income is disregarded for twelve months from the date the family would otherwise become ineligible because of hours of or income from employment.

Increased Child Support Disregards: For families receiving benefits under section 1931 who become otherwise ineligible due to increased child support payments, all income is disregarded for twenty months from the date the family would otherwise become ineligible.

Resource Methodologies

All resources are disregarded.

OFFICIAL